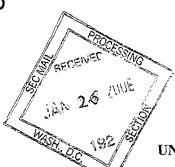
FORM D

filing of a federal notice.



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFFRING EXEMPTION

OMB APPROVAL

OMB Number: Expires:

3235-0076 May 31, 2005

Estimated average burden hours per response 1 16.00



	UNIFORM LIVE	TED OFFERD	NG EAEMI	TION	
Name of Offering (check if this is an	n amendment and name has chang	ged, and indicate chang	ge.)		
Cellminder, Inc. Series A Con-	vertible Preferred Stock				
Filing Under (Check box(es) that apply) Type of Filing: New Filing	:	☐ Rule 505	⊠ Rule 50 ⊠Section		□uloe
	A. BASIC II	DENTIFICATION	DATA		
1. Enter the information requested abou	t the issuer				
Name of Issuer (check if this	is an amendment and name has ch	nanged, and indicate cl	nange.)		
Cellminder, Inc.					
Address of Executive Offices	(Number a	and Street, City, State,	Zip Code)	Telephone Number (Incl	uding Area Code)
3923 Beazer Drive, Ocoee, FI	L 34761-4613			(206) 388-	2266
Address of Principal Business Operation (if different from Executive Offices) 3923 Beazer Drive, Ocoee, FI	•	and Street, City, State,	Zip Code)	Telephone Number (Incl (206) 388-	•
Brief Description of Business					
Web based application service	o provider for delivery of se	haduling and value	nd massaging (U	MUCESS
	e provider for derivery of sc	neduning and relat	ed messaging s	SCI VICES	
Type of Business Organization ☐ corporation ☐ business trust	☐ limited partnership, alread ☐ limited partnership, to be		□other (ple	ease specify)	TED 1 0 2005
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organiza			tion for State:	Actual E	stimated Cu
GENERAL INSTRUCTIONS					
Federal: Who Must File: All issuers making an off 17d(6).	Fering of securities in reliance on	an exemption under	Regulation D or	Section 4(6), 17 CFR 230	.501 et seq. or 15 U.S.0
When to File: A notice must be filed no Exchange Commission (SEC) on the earlie due, on the date it was mailed by United Sta	r of the date it is received by the	SEC at the address gi			
Where to File: U.S. Securities and Exchang	ge Commission, 450 Fifth Street, 1	N.W., Washington, D.	C. 20549.	•	
Copies Required: Five (5) copies of this ophotocopies of the manually signed copy or		EC, one of which m	ist be manually	signed. Any copies not r	nanually signed must l
information Required: A new filing must c information requested in Part C, and any m he SEC.	ontain all information requested. aterial changes from the informa	Amendments need on tion previously supplies	ly report the named in Parts A and	te of the issuer and offering B. Part E and the Append	, any changes thereto, the filed with the filed wit
Filing Fee: There is no federal filing fee.					
State:			•		
This notice shall be used to indicate reliand hat have adopted this form. Issuers relyin nade. If a state requires the payment of a fee filed in the appropriate states in accordar	g on ULOE must file a separate fee as a precondition to the claim	notice with the Secur for the exemption, a fe	ties Administrate in the proper a	or in each state where sale mount shall accompany the	s are to be, or have been s form. This notice sha
	AT	TENTION			
Failure to file notice in the apprappropriate federal notice will n	•			-	•

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full name (Last name first, if individual) Schickler, Steve Business or Residence Address (Number and Street, City, State Zip Code) 3923 Beazer Drive, Ocoee, FL 34761-4613 Check Box(es) that Apply: Promoter Beneficial Owner Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Szasz, Gary Business or Residence Address (Number and Street, City, State Zip Code) 3923 Beazer Drive, Ocoee, FL 34761-4613 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full name (Last name first, if individual) De Bonis, Paul Business or Residence Address (Number and Street, City, State Zip Code) 3923 Beazer Drive, Ocoee, FL 34761-4613 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full name (Last name first, if individual) Rawlings, Eric Business or Residence Address (Number and Street, City, State Zip Code) 3923 Beazer Drive, Ocoee, FL 34761-4613 Check Box(es) that Apply: Promoter Beneficial Owner □ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Saks, Bradley Business or Residence Address (Number and Street, City, State Zip Code) 3923 Beazer Drive, Ocoee, FL 34761-4613 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			Market Inc.	-1	n	INFORMAT	CION A BOI	T OFFERI	NO		28.		
			V. 1.	A CONTRACTOR (CONTRACTOR)	В.	INFORMA	HON ABOU	I OFFERI	NG	ricessis!			37 N.
1.	Has the is	ssuer sold, or	does the issu			accredited in in Appendix			r ULOE.				Yes No □ ⊠
2.	What is t	he minimum	investment t	hat will be ac	cepted from	any individu	ıal?						\$ _50,000
3.	Does the	offering perr	nit joint own	ership of a si	ngle unit?								Yes No
4,	solicitation registered	information on of purchas I with the SE oker or deale	sers in conne C and/or wit	ction with sa h a state or s	les of securi tates, list the	ties in the of name of the	fering. If a posterior de	person to be aler. If mor	listed is an a	ssociated pe	rson or agen	t of a broker	or dealer
Full	Name (La	st name first,	, if individual	1)									
Her	shey, Mar	lin							_				
Busi	iness or Re	esidence Add	ress (Numbe	r and Street,	City, State, 2	Zip Code)							
1674	40 Birkdal	le Commons	Parkway, S	uite 210, Hu	ntersville, N	IC 28078							
Nam	ne of Assoc	ciated Broker	or Dealer				· · · · · · · · · · · · · · · · · · ·		·				
State	es in Whic	h Person List	ed Has Solic	ited or Intend	ls to Solicit I	Purchasers							
Stati		All States" or					a and only	after compli	ance with a	nnlicable sta	ito socurities	laws 🕅	All States*
			_		an states e.					ppiicabie sta			
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	므		537		<u></u>				<u> </u>				
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (La	st name first,	if individual	<u> </u>									
	a, MJ			,									
		esidence Add	ress (Number	r and Street, (City, State, Z	(ip Code)							
		le Commons			•								
		ciated Broker					*						
		orarea Brone.	0. 500.01										
State	es in Whic	h Person List	ed Has Solic	ited or Intend	is to Solicit I	Purchasers							
Otati		All States" or					a and only	aftar campli	ance with a	nnlicable sta	ita cacuritias	laws 🕅	All States*
	(Check)	All States of		iduai States)	an states e.	xcept Fioriu	a, and only :	arter compii	ance with a	ppiicabie sta	tte securities	△	All States"
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
		Ш	<u></u>			\sqsubseteq							
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (La	st name first,	if individual)									
	`			,									
Busi	iness or Re	esidence Add	ress (Number	r and Street,	City, State, Z	Zip Code)			-				
Nan	ne of Assoc	ciated Broker	or Dealer									·	
Ctat	oo in Uzh	h Donocu I i	od Hac Call	itad on Inter-	In to Callair I	Durahazara						• • • • • • • • • • • • • • • • • • • •	
State		h Person List All States" or								******		Г	All States
	·												
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK]	OR	PA
	\sqsubseteq						L						
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE C	JF PROCEE!)5	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate Fering Price		Amounts eady Sold
Type of Security		Ü		•
Debt	\$	0	\$	n/a
Equity	\$	4,000,063	\$	1,050,375
☐ Common ☒ Preferred				
Convertible Securities (including warrants)	\$	0	\$	n/a
Partnership Interests				n/a
Other (Specify)				n/a
Total				
Answer also in Appendix, Column 3, if filing under ULOE.	Ψ_	1,000,002	~	1,000,070
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors	Do	Aggregate ollar Amount f Purchases
Accredited Investors		15	\$	1,050,375
Non-accredited Investors		0	\$	0
Total (for filings under Rule 504 only)		n/a	\$	n/a
Answer also in Appendix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Type of Security	Do	ollar Amount Sold
Type of offering		,	•	1
Rule 505		n/a		n/a
Regulation A		n/a	\$	n/a
Rule 504		n/a		<u>n/a</u>
Total		n/a	\$	<u>n/a</u>
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer Agent's Fees		_		
Printing and Engraving Costs				
Legal Fees				30,000
Accounting Fees				
Engineering Fees		L F		
Sales Commissions (specify finders' fees separately)				
Other Expenses (identify)		0	_ ↓ ↓ _ 	

C OFFERING BRIGE MI	MDDD OF INVESTORS TYPENOES AND U	CE OF DROCEEL	NC
	MBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEL	78
	gate offering price given in response to Part C-		
•	ed in response to Part C - Question 4.a. This		
difference is the "adjusted gross proceed	ds to the issuer."		\$ <u>1,020,375</u>
5. Indicate below the amount of the adjusted	d gross proceeds to the issuer used or proposed		
to be used for each of the purposes shown.	If the amount for any purpose is not known,	Payments to	Payments To
furnish an estimate and check the box to the	left of the estimate. The total of the payments	Officers, Directors, &	Others
listed must equal the adjusted gross proceeds	s to the issuer set forth in response to Part C -	Affiliates	
Question 4.b above.			
Salaries and fees		\$ <u>0</u>	\$0
Purchase of real estate		□ \$0	□ \$0
Purchase, rental or leasing and installation	of machinery and equipment	□ \$ <u> </u>	
Construction or leasing of plant buildings	and facilities	<u> </u>	\$ 0
Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger)	the assets or securities of another issuer		
Repayment of indebtedness			\$ <u>0</u>
Working capital		<u>0</u>	
Other (specify):		\$ <u>0</u>	\$ <u>0</u>
Column Totals		□\$ <u>0</u>	∑ \$ <u>1,020,375</u>
	i)		1,020,375
	D. FEDERAL SIGNATURE		
505, the following signature constitutes an un	signed by the undersigned duly authorized persondertaking by the issuer to furnish to the U.S. So on furnished by the issuer to any non-accredited	curities and Excha	nge Commission,
Issuer (Print or Type)	Signature/ Date	, ,	
Cellminder, Inc.	Steer Schille	1/24/06	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	- / - / - / -	
Steven Schickler	President		·

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

•		
	E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.252(of such rule?		
	See Appendix, Column 5, for state respon	ase.
2. The undersigned issuer hereby undertakes Form D (17 CFR 239.500) at such times as		ny state in which this notice is filed, a notice on
3. The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrators, up	on written request, information furnished by the
	e state in which this notice is filed and un	t must be satisfied to be entitled to the Uniform derstands that the issuer claiming the availability fied.
The issuer has read this notification and known undersigned duly authorized person.	ws the contents to be true and has duly ca	used this notice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
Cellminder, Inc.		
Name (Print or Type)	Title (Print or Type)	
Steven Schickler	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Non-ac Investor	to Sell to ecredited as in State 3-Item 1	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ					· · · · · · · · · · · · · · · · · · ·				
AR									
CA		Х	Preferred \$100,000	1	\$100,000	0	0	,	х
СО									
CT				'					
DE			,						
DC								-	
FL		Х	Preferred \$275,000	4	\$275,000	0	0		Х
GA		Х	Preferred \$75,000	1	\$75,000	0	0		Х
HI									
ID									
IL									
IN						,			
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
МО									

APPENDIX

1	2 3			4					5 Disqualification	
	Non-ad Investor	to Sell to ccredited rs in State B-Item 1	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
	•			Number of Accredited		Number of Non-Accredited			.,	
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
MT	<u> </u>	·								
NE NV				<u></u>				<u> </u>		
NH		_								
NJ		X	Preferred \$100,000	2	\$100,000	0	0		X	
NM										
NY		X	Preferred \$300,000	4	\$300,000	0	0		X	
NC		х	Preferred \$25,000	1	\$25,000	0	0		X	
ND					,			<u> </u>		
ОН	_									
OK										
OR										
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VT	· · · · · · · · · · · · · · · · · · ·								·	
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WA		X	Preferred \$175,375	2	\$175,375	0	0		X	
WV										
WI										
WY										
PR								<u> </u>		